



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF EMPLOYMENT SECURITY  
**EMPLOYER RECORDS RELEASE AUTHORIZATION**

To whom it may concern:

\_\_\_\_\_, the employer, understands that  
(Insert employer or company name)  
Division of Employment Security records are confidential pursuant to Section 288.250 RSMo,  
and may only be used by the party authorized for the limited purpose for which the information  
was requested. The employer hereby authorizes the Division of Employment Security, an agency  
of the Missouri Department of Labor and Industrial Relations, to release any and all information  
concerning unemployment insurance tax account \_\_\_\_\_  
(Account Number)

that the employer has submitted to or received from the Division, including but not limited to  
wage records, benefit payment history and statements made to the Division for the period of

\_\_\_\_\_.  
(Date)

These documents shall be released to \_\_\_\_\_  
or any representative designated by them and be used solely for the purpose of \_\_\_\_\_  
\_\_\_\_\_. This authorization includes the rights of the persons  
hereby authorized to inspect and copy or photocopy such records, information and evidence.

A copy of this document, whether typewritten or made by machine, shall have the force  
and effect as the original.

\_\_\_\_\_  
Signature of Employer or Agent

\_\_\_\_\_  
Title

STATE OF MISSOURI )  
 ) ss.  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a notary public, appeared  
\_\_\_\_\_ who executed the foregoing records release  
authorization and acknowledged the same as his/her free act and deed.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**(Both pages of this document must be signed and notarized.)**

### Acknowledgment of Confidentiality by Proposed Recipient of Confidential Information

I understand that the Unemployment Insurance information requested from the Division of Employment Security in the records release authorization remains confidential and may only be used by the party gaining access to the information for the limited purpose for which it is provided. Any further dissemination, use, or release of the Unemployment Insurance information obtained from the Division of Employment Security is strictly prohibited under the provisions of Section 288.250, RSMo, and substantial penalties will result if the confidentiality of the information is not maintained by the party receiving the information. By signing this document, the party requesting said information acknowledges and agrees that the information received will be safeguarded and will only be used by the party gaining access to the information for the limited purpose for which the information is being provided. The party receiving this information agrees that the State of Missouri has the right to inspect its records to assure that the information being provided remains confidential, and that the confidentiality provisions of the Missouri Employment Security Law, Chapter 288, RSMo, are followed.

The party receiving the information further agrees that if the State of Missouri determines that the confidentiality provisions of the Missouri Employment Security Law, Chapter 288, RSMo, are not being followed, the State may demand the return of said confidential information, and written assurance by the party who received the information that all of the furnished information has been returned to the Division of Employment Security, and that all copies have been destroyed by the party receiving the information.

A copy of this document whether typewritten or made by machine shall have the force and effect as the original.

*Signature*

*Typed Name*

*Title or relationship to party authorized to receive documents*

STATE OF MISSOURI )  
 ) ss.  
County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a notary public, appeared \_\_\_\_\_ who executed the foregoing acknowledgment of confidentiality and acknowledged the same as his/her free act and deed.

*Notary Public*

My Commission Expires: \_\_\_\_\_

Return completed form to: Confidential Information Coordinator  
Missouri Department of Labor & Industrial Relations  
Division of Employment Security  
P.O. Box 59  
Jefferson City, MO 65104-0059